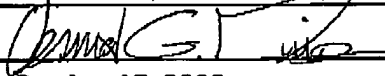


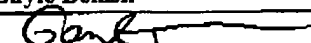
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application No.	10/723,723
	Filing Date	November 26, 2003
	First Named Inventor	Dr. Eugene Sindambiwe
	Art Unit	3621
	Examiner Name	MURDOUGH, Joshua A.
Total Number of Pages in This Submission	Attorney Docket Number 6570P007	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Return Postcard fax coversheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Dermot G. Miller, Reg. No. 58,309 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 17, 2008

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed name	Gayle Bekish
Signature	
Date	October 17, 2008

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FEE TRANSMITTAL **for FY 2007**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **0.00**
Complete if Known

Application Number	10/723,723
Filing Date	November 26, 2003
First Named Inventor	Dr. Eugene Sindambiwe
Examiner Name	MURDOUGH, Joshua A.
Art Unit	3621
Attorney Docket No.	6570P007

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION
1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
50	50	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	52	2202	25	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	360	2203	195	Multiple Dependent claim, if not paid
1204	930	2204	165	**Reissue Independent claims over original patent
1205	330	2205	165	**Reissue claims in excess of 20 and over original patent

*or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1) (\$) **0.00**
2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	130	2251	65	Extension for reply within first month
1252	400	2252	245	Extension for reply within second month
1253	1,110	2253	555	Extension for reply within third month
1254	1,730	2254	865	Extension for reply within fourth month
1255	2,350	2255	1,175	Extension for reply within fifth month
1401	540	2401	270	Notice of Appeal
1402	540	2402	270	Filing a brief in support of an appeal
1403	1,080	2403	540	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1808	180	Submission of Information Disclosure Stmt.
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(e))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify):

SUBTOTAL (2) (\$)

Fee Paid

(\$)

SUBMITTED BY
Complete (if applicable)

Name (Print/Type)	Dermot G. Miller	Registration No. (Attorney/Agent)	58,309	Telephone	(503) 439-8778
Signature		Date	10/17/08		

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**FEE TRANSMITTAL
for FY 2007**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/723,723
Filing Date	November 26, 2003
First Named Inventor	Dr. Eugene Sindambiwe
Examiner Name	MURDOUGH, Joshua A.
Art Unit	3621
Attorney Docket No.	6570P007

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.
- ☐ Credit any overpayments
- ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
50	50	0	\$0.00
Independent Claims	5	0	\$0.00
Multiple Dependent			

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	52	2202	28	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple Dependent claim, if not paid
1204	390	2204	165	**Reissue independent claims over original patent
1205	390	2205	165	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	130	2251	65	Extension for reply within first month
1252	490	2252	245	Extension for reply within second month
1253	1,110	2253	555	Extension for reply within third month
1254	1,730	2254	865	Extension for reply within fourth month
1255	2,350	2255	1,175	Extension for reply within fifth month
1401	540	2401	270	Notice of Appeal
1402	540	2402	270	Filing a brief in support of an appeal
1403	1,080	2403	540	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(c)
1808	180	1806	180	Submission of Information Disclosure Stmt.
1809	510	1805	405	Filing a submission after final rejection (37 CFR § 1.129(b))
1810	610	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Dermot G. Miller

Registration No.
(Attorney/Agent)

58,309

Telephone

(503) 439-8778

Signature

Date

10/17/08

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